Open Agenda

# Healthy Communities Scrutiny Sub-Committee

Tuesday 28 March 2017
7.00 pm
Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

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**Contact**
Julie Timbrell on 020 7525 0514 or email: julie.timbrell@southwark.gov.uk

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Members of the committee are summoned to attend this meeting
**Eleanor Kelly**
Chief Executive
Date: 17 March 2017

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# Healthy Communities Scrutiny Sub-Committee

Tuesday 28 March 2017
7.00 pm
Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

# Order of Business

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**PART A - OPEN BUSINESS**

**1. APOLOGIES**

**2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT**

In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.

**3. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.

**4. MINUTES**

To approve as a correct record the minutes of the meeting held on 21 February 2017, to follow.

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## 5. INTERVIEW WITH THE CABINET MEMBER FOR ADULT CARE AND FINANCIAL INCLUSION

Interview with the Cabinet Member for Adult Care and Financial Inclusion, Councillor Richard Livingstone, on his portfolio:

To safeguard the needs of vulnerable adults, the provision of personal social services, services to older people, services to people with disabilities, services to those with HIV/AIDS and/or those with drug and alcohol problems, services to those with mental health needs and "supporting people".

The portfolio holder will work closely with the cabinet member for housing (with regard to the housing needs of vulnerable adults).

To promote financial inclusion and lead the council work to crack down on payday lenders and other irresponsible lenders.

The cabinet member will have particular responsibility for:

· relationship with the credit union;
· financial inclusion;
· Southwark Smart Savers;
· payday lenders and responsible lending (with the cabinet member for regeneration and new homes);
· adult social care, including personalisation;
· Southwark an Age Friendly borough;
· the council's contribution to the freedom pass and approach on the taxicard scheme;
· older people and pensioner poverty;
· ethical care and improving the quality of homecare;
· disability and supporting vulnerable people.

The cabinet member will work with the deputy cabinet member for mental health.

## 6. SCRUTINY REVIEW - SOUTHWARK GP PRACTICES: QUALITY OF PROVISION & LOCAL SUPPORT ARRANGEMENTS

This will be session two of two of the scrutiny review into Southwark GP practices looking at the quality of provision & local support arrangements.

The roundtable will address the review questions:

1. What was the outcome of the CQC review of Southwark GP surgeries?
2. What are the biggest pressures GPs are facing and what could the wider system do to help alleviate?
3. What role for (a) the council (b) the CCG (c) others in helping to address the changing needs of primary care, including facilities?

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**7. CCG OPERATION PLAN** 1 - 40

The CCG operating plan for 2017 – 2019 is enclosed.

**8. GP PROPOSED MERGER** 41 - 50

The partners of Nexus Health Group and Dr Holden & Marrinan, based at Surrey Docks Health Centre (SHDC), are proposing to merge into one partnership from 1 July 2017. The merger will result in Dr Holden and Dr Marrinan becoming partners of Nexus Health Group. The CCG have produced a Trigger template with more information, enclosed.

**9. WORKPLAN**

**DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.**

**PART B - CLOSED BUSINESS**

**DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.**

Date: 17 March 2017

NHS Southwark Clinical Commissioning Group

# NHS Southwark CCG Operating Plan 2017-19

**March 2017**

# Operating Plan 2016-17: contents

NHS Southwark Clinical Commissioning Group

NHS
Southwark
Clinical Commissioning Group

# Introduction and context

# What is an Operating Plan?

NHS Southwark Clinical Commissioning Group

The **Operating Plan is an assurance document which sets out how the CCG plans to improve the health and wellbeing of people living in our borough by meeting mandatory requirements set by NHS England**. The requirements set for CCGs originate from the government's annual Mandate to NHS England.

This Operating Plan sets out our locally-defined response to national requests. It can be read as a declaration of the CCG's commitment to meet national requirements; establish the extent of our ambition for the improvement of certain performance and outcome indicators; and provide a view of the programmes of work underway and planned to ensure these improvements happen.

The Southwark Operating Plan 2017-19 describes the CCG's response to the requirements included in planning guidance published in October 2016: *NHS Operational Planning and Contracting Guidance, 2017-19*. The requirements set out how the NHS operational planning and contracting processes support Sustainability and Transformation Plans (STPs) and the 'financial reset' that was outlined earlier this year in: *Strengthening Financial Performance & Accountability in 2016/17*. The document emphasises the same national priorities as 2016/17 – the nine 'must dos' for the NHS – and sets out the financial and business rules for both 2017/18 and 2018/19.

Both the CCG Council of Members and NHS England are responsible for assuring and endorsing CCG plans and the CCG submits detailed planning templates to NHS England. These templates include the CCG's detailed financial plans; monthly activity and performance trajectories; quality and outcome indicator trajectories; and details of the borough's Better Care Fund plan.

This document summarises detailed submissions agreed with NHS England on 27 February 2017 and supplements this information with some further description of the key actions and activities the CCG plans to complete in 2017/18 and 2018/19 to deliver an improved NHS in Southwark.

The over-arching purpose of operating plans is for the NHS in aggregate (through commissioner, provider and STP plans) to set out a clear trajectory to implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards.


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# National and regional planning and strategic context

NHS Southwark Clinical Commissioning Group

The *NHS Five Year Forward View* set out a vision for how the health service in England needs to change over the next five years if it is to close the widening gaps in the health of the population, the quality of care and the funding of services. Work continues to develop our separate, but connected, plans as follows;

- **A five year Sustainability and Transformation Plan** (STP), which is a place-based plan to address the Five Year Forward View has been developed in partnership with NHS commissioners, providers and local authorities across south east London. The first iteration of the South East London STP progress document was submitted to NHS England to meet the deadline of 30 June 2016, with regular updates being reported to the CCG's Governing Body. The South East London STP builds upon the work undertaken by south east London partners to develop the *Our Healthier South East London s*trategy over the past two years. The STP was submitted to NHS England for assurance on 21 October 2016 and subsequently published in November 2016.

- **Operational and contracting planning** guidance to guide local NHS organisations in their strategic planning was published by NHS England and NHS Improvement on 22 September 2016. For the first time, the planning guidance covers two financial years 2017-19, with the intention of providing greater stability and to support transformation. This is to be underpinned by a two-year tariff and two-year NHS Standard Contract. The document also updates the national improvement priorities for 2017/18 and 2018/19, together with the longer term financial outlook for local systems. **This Operating Plan addresses the requirements of national planning guidance for the two year period**.



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# Delivering the national *NHS Five Year Forward View*

NHS Southwark Clinical Commissioning Group

## The nine 'must dos'

In the 2016/17 operating plan guidance nine 'must do' priorities were described. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year. The are summarised below (and will be expanded upon in section 3 of the operating plan):

1. Implement agreed STP milestones and achieve agreed trajectories
2. Deliver individual CCG and NHS provider organisational control totals
3. Implement the General Practice Forward View
4. Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan
5. Deliver the NHS Constitution standard that more than 92% for RTT and utilise e-referrals to deliver patient choice at first outpatient appointment
6. Implement the cancer taskforce report and deliver the 62 day cancer standard
7. Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages
8. Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism
9. Implement plans to improve quality of care

# NHS Southwark CCG Five Year Forward View

NHS Southwark Clinical Commissioning Group

Southwark commissioners across health and social care are committed to improving the health and wellbeing of Southwark people. The experiences of people who use services, and their families and carers, shows that existing arrangements do not always deliver the best outcomes for people, and there can be significant improvements if we work together using new approaches. Improving the system requires fundamental changes in how we all work.

In 2015, building on the national Five Year Forward View, the CCG and Southwark Council developed a local strategy to transform local NHS and care services in the borough. Both the CCG and Council together with local stakeholders agree that we should be working toward establishing a health and care system that works to improve health and social care outcomes for Southwark people, instead of simply focusing on maintaining current service arrangements.

Our local ambition is to create a much stronger emphasis on prevention and early action as well as deeper integration across health and social care, and wider council services (including education).

To support this change we have increasingly joined together commissioning budgets and contracting arrangements to incentivise system-wide improvement. We will focus on specific populations, including particularly vulnerable groups. We will put ever greater emphasis on the outcomes achieved in addition to the quantity of activity delivered.

This means moving away from a system with lots of separate contracts and instead moving towards inclusive contracts for defined segments of the population which cover all of the various physical health, mental health and social care needs of people within that group. These contracts will be available to providers who can bring together the skills required to meet these needs.

Our aim is to empower the development of multi-specialty community providers serving populations of 100,000-150,000 people, with access to excellent specialist networks when required.

# The progress we have made in 2016/17

NHS Southwark Clinical Commissioning Group

**We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)**

**1** **We have begun** to address the fragmented arrangements of commissioning & contracting, by:

a) Establishing joint population-based commissioning development groups (CDGs) and a Joint Committee

b) Creating fully assured BCF plans

c) Recruiting to an Assistant Director for Joint Commissioning, and launching consultation on the joint commissioning team structure

d) Establishing a shared system incentive (with alternative arrangements for general practice)

e) Starting formal options appraisal and engagement to determine if we will submit an application for delegation

**2** **We have begun** to address the fragmented arrangement of organisations and professions, by:

f) Establishing two Local Care Network Boards in Southwark, with consistent multi-agency representation, and funded LCN chairs – additional resources are being agreed to support further development

g) Putting into practice two 'at scale' Extended Access Hubs, developing GP federations, and orienting adult social care around neighbourhood and LCN geographies

h) Agreeing our local Sustainability and Transformation Plan (STP) and launching a consultation on an elective orthopaedic centre model

**3** **We have begun** to address the need to empowering residents and service users, by

i) Holding public meetings about our GP contracts (the PMS Review), and involving local residents in the development of a new pathway of care for people with complex needs (through ethnographic research, patient stories and experience-based co-design)

j) Successfully bidding to be a pilot site to embed Patient Activation Measures in our local services

k) Requiring providers to include collaborative care planning and self-management in the pathways for people with chronic conditions

**4** **We have established** a local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

# The progress we plan to make in 2017-19

NHS Southwark Clinical Commissioning Group

**We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)**

**1** **We will continue** to address the fragmented arrangements of commissioning & contracting, by:

a) Using our CDGs to develop plans that support population-based and outcomes-focused contracting for CYP, adults and SMI groups

b) Fully utilising BCF opportunities, moving towards a thematic approach to H&SC funding within the scheme

c) Deepening our joint working with the Council by fully embedding the Partnerships Commissioning Team

d) Making the most of our commissioning opportunities to simplify GP contracting and support collaboration with the wider health and care system

**2** **We continue** to address the fragmented arrangement of organisations and professions, by:

f) Building greater capacity and purpose within our Local Care Networks – investing in an 'engine room' to drive a wider programme of activity (covering aspects of coordinated care, planned care, and urgent care)

g) Implementing the GPFV, and increasing the scope of our Extended Access Hubs to meet the London Access Specification (including offering routine pre-bookable appointments)

h) Beginning to deliver projects within our local STP, including sharing corporate functions and the further development of the Local Care Record and analytics

**3** **We continue** to address the need to empowering residents and service users, by

i) Holding public meetings to inform our approach to local contracting (including creating a local outcomes framework)

j) Involving local residents in the development of a new pathway of care (through ethnographic research, patient stories and experience-based co-design)

k) Building on the PAM pilots so that self-management is more effectively supported in Southwark; and that service users and staff to make the most of collaborative care planning

l) Exploring approaches to develop flourishing communities

**4** **We will continue to work within our** local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

NHS
Southwark
Clinical Commissioning Group

# Delivering the nine ‘must do’ standards in 2017/18 and 2018/19

# 1: Sustainability and Transformation Plans (STP)

NHS Southwark Clinical Commissioning Group

One of the core asks included in NHS planning guidance for 2016/17 was for organisations to come together in a local area and develop a 'blueprint' for accelerating implementation of the *NHS Five Year Forward View*.

Areas were required to develop a Sustainability and Transformation Plan (STP) to cover all areas of CCG and NHS England commissioned activity including: specialised services, primary medical care, better integration with local authority services, prevention and social care. STPs must also cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.

Following the sharing of initial thoughts on the three to five critical issues in the area in July 2016, the South east London STP was agreed and submitted on 21 October 2016. The full and summary STP can be viewed here. The STP is an important plan which is designed to achieve tangible benefits for local people, including:

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- **Better community based care including**: extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots
- **No closures of any A&E and maternity departments** – we want to make sure they all meet high standards of care in the future
- **Better maternity care** – dedicated midwives supporting mothers throughout pregnancy, better advice and choice on birth options

# 1: Sustainability and Transformation Plans (contd.)

NHS Southwark Clinical Commissioning Group

- **Developing word-class orthopaedic services** – fewer cancelled operations, shorter waiting times and more procedures carried out
- **All the different parts of local health and care services working together** to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021
- **Faster cancer diagnosis** – new £160 million purpose built cancer centres at Guy's Hospital and £30 million centre at Queen Mary's Sidcup, launch of dedicated oncology support phone line, dedicated clinical nurse specialists for all patients
- **All the different parts of local health and care services working together** to use available money and resources in the best way possible - helping us avoid a £1bn overspend by 2021



The core asks included in the NHS planning guidance for 2017-19 for STPs are to implement agreed STP milestones, so that we are on track for full achievement by 2020/21. In addition, the aim is to achieve agreed trajectories against the STP core metrics set for 2017-19

South east London CCGs, local authorities and providers are well placed to deliver against these plan as a result of the collaborative work completed to date to complete the STP as well as the develop the Our Healthier South East London strategy and the governance structure and the financial modelling that supports it.

The Southwark CCG Operating Plan, and associated trajectories, fully supports the overarching STP plans

# 2: Deliver individual CCG and NHS provider organisational control totals

NHS Southwark Clinical Commissioning Group

The CCG faces a tough financial scenario for 2017-18 and future years. The CCG anticipates closing its accounts for 2016-17 having achieved a 2% surplus, equivalent to c. £7.8m.

The CCG is continuing to invest more in mental health services. The *Five Year Forward View* requires CCGs to demonstrate that they are investing an amount equivalent to the growth in their allocation (2.5% in Southwark). The current planned growth for Mental Health for 2017/18 is 3.2%, driven by planned investment in Community Mental Health, Learning Disability, Children & Young Peoples Mental Health and Early Intervention in Psychosis, as well as IAPT. This investment totals an additional £1.96m

For the coming year we will continue to invest in improving the quality of community and primary care services, and achieve safety and quality improvements in all our contracts. We are working closely with our local GP Federations, to deliver improved quality and consistency of services to all residents on a population basis.

The CCG has had significant cost pressures to deal with in the past few years, most significantly the growth in acute activity. The current envelopes include an assumption of funds being set aside for the acute sector, for 2016-17 outturn, new tariffs, forecast future growth and other pressures such as the LAS with regard to standards not being met.



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# 2: Deliver individual CCG and NHS provider organisational control totals

NHS Southwark Clinical Commissioning Group

The CCG has determined that it will need a net QIPP saving programme of circa £12m in the year comprising a gross saving of £13.1m enabled by a small investment of £862k. This level of QIPP is far higher than has been set in previous years and reflects a national requirement to plan for at least a 3% QIPP programme (net of investment to achieve QIPP)

As a result of the known pressures and the QIPP requirement, the CCG is unable to maintain contingency and earmarked reserves at the same level as previous years. The CCG has planned in line with national business rules and has set aside reserves for non-recurrent pressures (£2,017k), General contingency 0.5% (£2,049k) and other reserves of £1.1m.

Financial balance and the delivery of the CCG's planned financial position is a core priority and a statutory requirement for NHS Southwark CCG.

The financial position is reviewed regularly by CCG's Governing Body and the Integrated Governance & Performance Committee (IG&P). The committee is accountable for: overseeing a robust organisation-wide system of financial management, including QIPP delivery; ensuring that budgets are set in an appropriate and timely manner and that the Governing Body is fully aware of any financial risks which may materialise throughout the year. The annual budget and operating plan are approved by the Council of Members in March, and they receive updates throughout the year.

The CCG has a key role as the lead commissioner of King's NHS Foundation Trust, in working with partners, and the Trust, on the delivery of their Financial Recovery Plan. This involves regular discussions and agreement of targets for the recovery plan with all parties, including NHS Improvement.



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# 2: Deliver individual CCG and NHS provider organisational control totals

NHS Southwark Clinical Commissioning Group

| Opening Resources 2017-19 (£'000) | 2016-17 | 2017-18 | 2018-19 |
|---|---|---|---|
| Recurrent Allocation | 393,667 | 403,327 | 413,452 |
| NHSE transformation funds- NR | 2,000 | 2,000 | 0 |
| Access funds | | 950 | 950 |
| | | | |
| Running Costs allocation | 6,457 | 6,496 | 6,533 |
| Total Resources | 402,124 | 412,773 | 420,935 |
| Target surplus for the year | 7,673 | 7,873 | 7,873 |

The CCG is facing a tougher period over the next two years with lower allocation increases and on-going pressures in the provider sector. The CCG 2017-19 plan maintains the CCG surplus at £7,873k in both 2017/18 and 2018/19, which is above the 1% surplus requirement.



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# 2: Deliver individual CCG and NHS provider organisational control totals

NHS Southwark Clinical Commissioning Group

| Net QIPP programme 2017-18 and 2018-19 £'000 | 2016-17 | 2017-18 | 2018-19 |
|---|---|---|---|
| Acute services and Community services | 5,520 | 6,355 | 10,533 |
| Mental health /client groups | 1,200 | 3,045 | 2,500 |
| Corporate services | 0 | 155 | 100 |
| Continuing Care/ transformation | 0 | 2,000 | 250 |
| Prescribing | 424 | 1,700 | 1,085 |
| Running costs | 115 | | |
| Total gross savings | 7,259 | 13,255 | 14,468 |
| Investment to achieve QIPP in acute /MH | 600 | 862 | 1,845 |
| Total QIPP programme- net of investment | 6,659<br>1.7% | 12,393<br>3% | 12,623<br>3% |

QIPP planning is based on a 3% saving in both years, which totals £12,393k in 2017/18 and £12,622k in 2018/19. This compares to a QIPP saving value of £6,659k (1.7%) in 2016/17.

Such a level of QIPP will inevitably be challenging and will need close monitoring of both planning and implementation to ensure it is successful.



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# 2: Deliver individual CCG and NHS provider organisational control totals

NHS Southwark Clinical Commissioning Group

| Overall planned level of reserves 2016-19 | 2016-17 | 2017-18 | 2018-19 |
|---|---|---|---|
| Set aside for Non recurrent pressures | 4,050 | 2,017 | 2,068 |
| Healthy London Partnership contribution | 605 | In budgets | |
| Deferred investments | 1,075 | In budgets or deleted | |
| General contingency ½ % | 2,015 | 2,049 | 2,105 |
| Continuing Care Retrospective Risk Pool 700k reduced to c.300k in 16-17 | Inc. in 1% NR above | 0 | 0 |
| General risk reserve | 939 | 1,182 | 736 |
| Return of non-recurrent resource from NHSE | 2,000 | 2,000 | 0 |
| | | | |
| Total Reserves available | 10,684 | 7,248 | 4,909 |
| % of total budget | 2.5 | 1.8 | 1.2 |

The financial plan meets all national business rules with regard to holding a 0.5% contingency, planning for a 1% non-recurrent requirement and ensuring 50% of that remains uncommitted to create the national risk pool

# 3: Implement the General Practice Forward View

NHS Southwark Clinical Commissioning Group

The CCG is committed to work collaboratively with partners to ensure the sustainability of general practice locally by implementing the *General Practice Forward View*, including the plans for Practice Transformational Support, and the ten high impact changes.

Developing primary care providers to deliver high quality sustainable general practice services and the registered list is at the heart of:

- Southwark Five Year Forward View
- Transforming Primary Care in London: Strategic Commissioning Framework
- STP Community Based Care Plan (SEL approach)
- General Practice Forward View – access and provider resilience plans

On 14 February 2017, the CCG received notification that its application for delegation of general practice commissioning had been successful and that NHS Southwark CCG has been approved to take forward these new arrangements from 1 April 2017, subject to signing of the delegation agreement. Local primary care commissioning intentions align to the delivery of the London primary care strategic commissioning framework and with the implementation of the General Practice Forward View which includes requirements in the following areas:



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# 3: Implement the General Practice Forward View

NHS Southwark Clinical Commissioning Group

**Access** (including extended access and on-line consultations):

- Both federations have service improvement plans to implement the London Access Specification including: pre-bookable and routine appointments, direct booking from 111, online and emergency departments
- Full realisation of patient online services including appointments booking and prescription ordering
- Identification and implementation of suitable system for online consultations.

| Extended access (evening and weekends) at GP services | | Months 1-6 | Months 7-12 |
|---|---|---|---|
| 2017/18 Plan | Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are:<br>• Provision of pre-bookable appointments on Saturdays through the group or practice AND<br>• Provision of pre-bookable appointments on Sundays through the group or practice AND<br>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice | 41 | 41 |
| | Total number of practices within the CCG. | 41 | 41 |
| | Percentage | 100.0% | 100.0% |
| 2018/19 Plan | Number of practices within a CCG which meet the definition of offering full extended access; that is where patients have the option of accessing pre-bookable appointments outside of standard working hours either through their practice or through their group. The criteria of 'Full extended access' are:<br>• Provision of pre-bookable appointments on Saturdays through the group or practice AND<br>• Provision of pre-bookable appointments on Sundays through the group or practice AND<br>• Provision of pre-bookable appointments on weekday mornings or evenings through the group or practice | 41 | 41 |
| | Total number of practices within the CCG. | 41 | 41 |
| | Percentage | 100.0% | 100.0% |



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## Provider Development

- The resilience plan outlines how national resources will be utilised to support general practice. The plan covers three areas: Sustainable Practice Programme (8 practices); support for 'at scale' models of working (e.g. Merger support); and Quality Improvement initiatives
- Admin and clerical training will focus on embedding care navigation; and there will be practice manager training and development
- Plans will be implemented to embed the clinical pharmacists in general practice programme
- Non-recurrent funding will be available to support the development of at scale GP services

Key to delivering this will be valuing and utilising the strengths of general practice as well as addressing the weaknesses and pressures in the existing model.

As in previous years, we will continue to invest in general practice (and the people who work in it) in a way which encourages collaborative and collective working with consistent systems and processes freeing up time and resources to devote to improving care for patients.

In line with the *Transforming Primary Care Strategic Commissioning Framework*, our commissioning intentions focus on the three specific areas of: improved access; improved prevention; and improved care coordination. Over time we will use these three priorities to simplify and consolidate the existing fragmented contracts and incentives. This will enable practices to more confidently focus on fewer, more relevant and more valuable indicators of quality and outcomes.

# 4: Urgent and emergency care

NHS Southwark Clinical Commissioning Group

The following pages set out the activity and performance trajectories for Southwark CCG for the years 2017/18 and 2018/19. Plans are forecast from actual performance in 2016/17 (forecast year end) and have been developed with reference to the South East London STP, provider plans; the CCG's financial and QIPP plans; the Southwark BCF plan and to the contracts agreed with providers for 2017-19 (subject to final agreement).

| A&E waits at KCH | | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Number waiting > 4 hours | 3,302 | 3,426 | 2,893 | 2,355 | 2,510 | 2,404 | 1,666 | 1,455 | 2,099 | 1,666 | 1,200 | 1,251 |
| | Total Attendances | 20,778 | 22,142 | 21,784 | 22,643 | 20,831 | 21,459 | 23,096 | 23,975 | 23,030 | 24,219 | 23,412 | 25,387 |
| | % < 4 hours | 84.1% | 84.5% | 86.7% | 89.6% | 88.0% | 88.8% | 92.8% | 93.9% | 90.9% | 93.1% | 94.9% | 95.1% |
| 2018/19 Plan | Number waiting > 4 hours | 1,036 | 1,080 | 1,078 | 1,076 | 1,021 | 1,030 | 1,092 | 1,088 | 1,077 | 1,119 | 1,042 | 1,138 |
| | Total Attendances | 20,722 | 21,608 | 21,560 | 21,511 | 20,419 | 20,592 | 21,832 | 21,758 | 21,536 | 22,382 | 20,843 | 22,763 |
| | % < 4 hours | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |



The core deliverable for urgent and emergency care in the 2017-19 planning guidance are:

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services. Southwark has agreed a trajectory to achieve this by March 2018.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

# 4: Urgent and emergency care (contd.)

NHS Southwark Clinical Commissioning Group

The above data is for all patients attending King's College Hospital (KCH) emergency department (both at Denmark Hill and PRUH sites). Southwark CCG is the coordinating commissioner for King's and so is required to submit this trajectory. The CCG is committed to work with the trust to implement at a local level the commitments made as part of the STP:

- **Improving access to primary care:** The CCG will be further improving access to primary care alternatives. This includes work to further develop the Extended Primary Care Services and pathways with A&E to maximise the utilisation of this additional primary care capacity to reduce pressure on the rest of the system, and ensure that people are seen in the most appropriate setting.
- **Establish an integrated urgent care system**, in partnership with South East London CCGs, including a reprocured 111 service (which will go live in June 2017). This will include a single out of hours number and access to a clinical hub, and will promote the use of alternative services in the community, including district nurses and community pharmacy.
- **Improving mental health interfaces:** The CCG is committed to continuing to work with SLaM and other partners to improve access to urgent mental health advice and support, reduce waiting times for admission to mental health beds, further develop the home treatment team and redesign the Place of Safety to reduce waits for assessments under the Mental Health Act.
- **Admission avoidance services:** In 2016/17 the pal@home and LAS@home services were mainstreamed with a comprehensive @home and Enhanced Rapid Response service now in place across both Boroughs. We will also be investing in health input to the Council's high volume service user support team, noting these clients also tend to be high users of acute health services.
- **In hospital emergency pathways:** Continue to work with KCH in supporting the development of the Trust's vision for the development of the Denmark Hill emergency care pathway as a result of the clean sheet redesign programme.
- **Discharge:** Timely discharge is crucial to securing flow through the hospital and we are committed to working with KCH to support improvements to discharge processes and the out of hospital care support required to expedite timely discharge. This will include further development of Discharge To Assess, Trusted Assessor and Transfer of Care models, alongside increased morning and weekend discharges, to maximise bed availability and flow and reduce Delayed Transfers of Care and Medically Fit for Discharge numbers to as low a level as possible.



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# 5: Referral to treatment times and elective care

NHS Southwark Clinical Commissioning Group

| Diagnostic waiting times | | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Number waiting > 6 weeks | 45 | 52 | 55 | 52 | 55 | 52 | 55 | 55 | 47 | 55 | 50 | 52 |
| | Total Number waiting | 4,540 | 5,297 | 5,548 | 5,297 | 5,548 | 5,297 | 5,548 | 5,548 | 4,792 | 5,548 | 5,045 | 5,297 |
| | Percentage | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |
| 2018/19 Plan | Number waiting > 6 weeks | 50 | 52 | 52 | 55 | 55 | 50 | 54 | 55 | 47 | 55 | 50 | 52 |
| | Total Number waiting | 5,005 | 5,255 | 5,255 | 5,505 | 5,505 | 5,005 | 5,756 | 5,505 | 4,755 | 5,505 | 5,005 | 5,255 |
| | Percentage | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 0.9% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |

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The performance trajectory above is for Southwark patients receiving diagnostic tests at any hospital site. The above trajectory shows achievement of 1% target consistently in both years.

| Incomplete pathways | | Apr | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Incomplete Pathways < 18 weeks | 16,821 | 19,667 | 20,635 | 19,737 | 20,688 | 19,771 | 20,746 | 20,770 | 17,992 | 20,833 | 19,021 | 20,019 |
| | Total Incomplete Pathways | 20,322 | 23,709 | 24,838 | 23,709 | 24,838 | 23,709 | 24,838 | 24,838 | 21,451 | 24,838 | 22,580 | 23,709 |
| | Percentage | 82.8% | 83.0% | 83.1% | 83.2% | 83.3% | 83.4% | 83.5% | 83.6% | 83.9% | 83.9% | 84.2% | 84.4% |
| 2018/19 Plan | Incomplete Pathways < 18 weeks | 18,988 | 20,032 | 20,127 | 21,124 | 21,149 | 19,263 | 22,181 | 21,240 | 18,366 | 21,279 | 19,357 | 20,349 |
| | Total Incomplete Pathways | 22,398 | 23,518 | 23,518 | 24,638 | 24,638 | 22,398 | 25,759 | 24,638 | 21,278 | 24,638 | 22,398 | 23,518 |
| | Percentage | 84.8% | 85.2% | 85.6% | 85.7% | 85.8% | 86.0% | 86.1% | 86.2% | 86.3% | 86.4% | 86.4% | 86.5% |

The above trajectory refers to the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period. It relates to Southwark CCG patients accessing services at all providers.

# 5: Referral to treatment times and elective care (contd.)

NHS Southwark Clinical Commissioning Group

| E-referral coverage | | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Total number of patients referred to 1st Outpatient Services via e-RS | 2,107 | 2,529 | 2,950 | 3,793 | 4,636 | 5,479 | 6,743 | 6,743 | 6,743 | 6,743 | 6,743 | 6,743 |
| | Overall number of patients referred to 1st Outpatient Services | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 | 8,429 |
| | % | 25.0% | 30.0% | 35.0% | 45.0% | 55.0% | 65.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% |
| 2018/19 Plan | Total number of patients referred to 1st Outpatient Services via e-RS | 6,878 | 6,878 | 6,878 | 6,878 | 6,878 | 6,878 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 |
| | Overall number of patients referred to 1st Outpatient Services | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 | 8,598 |
| | % | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 80.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

The performance trajectory above is for Southwark patients referred to any provider outpatient service (including two-week-waits). It shows the CCG meeting the national requirements of 80% and 100% by October 2017 and September 2018 (respectively)



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# 5: Referral to treatment times and elective care (contd.)



**Approaches to address referral to treatment and elective care in collaboration with local providers.**

Key areas of focus for addressing referral to treatment times and elective care are summarised below:

- Promoting and supporting self-care
- Supporting primary care to reduce variation in referrals through peer review, education, advice and guidance, electronic pathways and decision support software
- Moving to e-referral in line with national guidance over the next two years
- More effective use of diagnostics, including work to review the point at which diagnostic testing might most appropriately be carried out, exploring direct to test diagnostic pathways. Southwark CCG is keen to consider moving diagnostics to primary care/community based settings for example for ECG
- The development of new approaches to outpatient service delivery. This includes developing the use of technology and the Local Care Record to support new models of care such as virtual patient review, advice and guidance, non face to face contact with patients, the establishment of virtual MDM clinics to undertake referral review and gateway clinics. In addition to this there will be further development of ‘one stop’ services for those patients who need to be seen face to face and the changing of outpatient follow up practice to discharge patients in a timely manner and shift the management of patients with on going or chronic conditions to non acute settings supported by easy access to acute specialist advice and guidance where necessary.
- Reinforced approaches to the management of internal and external consultant-to-consultant referrals.



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# 6: Cancer

NHS Southwark Clinical Commissioning Group

| Cancer waiting times: 2 week wait | | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Number waiting < 2 weeks | 612 | 715 | 748 | 715 | 748 | 715 | 748 | 748 | 647 | 748 | 680 | 715 |
| | Total number waiting | 658 | 768 | 804 | 768 | 804 | 768 | 804 | 804 | 695 | 804 | 731 | 768 |
| | Percentage | 93.0% | 93.1% | 93.0% | 93.1% | 93.0% | 93.1% | 93.0% | 93.0% | 93.1% | 93.0% | 93.0% | 93.1% |
| 2018/19 Plan | Number waiting < 2 weeks | 676 | 709 | 709 | 743 | 743 | 676 | 777 | 743 | 641 | 743 | 676 | 709 |
| | Total number waiting | 726 | 762 | 762 | 798 | 798 | 726 | 835 | 798 | 689 | 798 | 726 | 762 |
| | Percentage | 93.1% | 93.0% | 93.0% | 93.1% | 93.1% | 93.1% | 93.1% | 93.1% | 93.0% | 93.1% | 93.1% | 93.0% |

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2017-19.



| Cancer waiting times: 31 day first treatment | | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Number waiting < 31 days | 59 | 69 | 72 | 69 | 72 | 69 | 72 | 72 | 63 | 72 | 66 | 69 |
| | Total number waiting | 61 | 71 | 75 | 71 | 75 | 71 | 75 | 75 | 65 | 75 | 68 | 71 |
| | Percentage | 96.7% | 97.2% | 96.0% | 97.2% | 96.0% | 97.2% | 96.0% | 96.0% | 96.9% | 96.0% | 97.1% | 97.2% |
| 2018/19 Plan | Number waiting < 31 days | 66 | 69 | 69 | 72 | 72 | 66 | 75 | 72 | 62 | 72 | 66 | 69 |
| | Total number waiting | 68 | 71 | 71 | 74 | 74 | 68 | 78 | 74 | 64 | 74 | 68 | 71 |
| | Percentage | 97.1% | 97.2% | 97.2% | 97.3% | 97.3% | 97.1% | 96.2% | 97.3% | 96.9% | 97.3% | 97.1% | 97.2% |

The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2017-19.

# 6: Cancer (contd.)

NHS Southwark Clinical Commissioning Group

| Cancer waiting times: 62 day GP referral | | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017/18 Plan | Number waiting < 62 days | 24 | 29 | 30 | 29 | 30 | 29 | 30 | 30 | 27 | 30 | 28 | 29 |
| | Total number waiting | 28 | 34 | 35 | 34 | 35 | 34 | 35 | 35 | 31 | 35 | 32 | 34 |
| | Percentage | 85.7% | 85.3% | 85.7% | 85.3% | 85.7% | 85.3% | 85.7% | 85.7% | 87.1% | 85.7% | 87.5% | 85.3% |
| 2018/19 Plan | Number waiting < 62 days | 27 | 29 | 29 | 30 | 30 | 27 | 31 | 30 | 26 | 30 | 27 | 29 |
| | Total number waiting | 31 | 34 | 34 | 35 | 35 | 31 | 36 | 35 | 30 | 35 | 31 | 34 |
| | Percentage | 87.1% | 85.3% | 85.3% | 85.7% | 85.7% | 87.1% | 86.1% | 85.7% | 86.7% | 85.7% | 87.1% | 85.3% |

# 6: Cancer (contd.)



The CCG is working with the trusts, the Accountable Cancer Network and Transforming Cancer Services Team to promote earlier identification of and treatment for cancer. We will work with Trusts to review referrals for cancer under 2WW to ensure compliance with NICE guidelines.

The CCG is currently working with GSTT on piloting a multi-disciplinary center pathway for vague symptoms which will be fully rolled out during 2017/18 and we will use the learning from this and the national pilots to determine a future model. We will continue to work with providers on other areas that will support improved cancer performance and outcomes, including:

- Primary care training and education
- Patient choice
- Diagnostic pathways including direct to test NICE recommendations.
- Improving access to screening, with an initial focus on bowel screening.
- Support to the delivery of timed pathways and the required supporting infrastructure across SEL to ensure the delivery of cancer access pathways particularly 62-day waits.

In addition to the trajectories included above, the CCG is planning to deliver all national Cancer Waiting Times targets for treatment-specific pathways and for patients referred via national screening programmes.



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# 7: Mental Health: IAPT Access and Quality Standards

NHS Southwark Clinical Commissioning Group

| IAPT – Waiting times | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | The number of ended referrals that finish a course of treatment in the reporting period. | 891 | 891 | 891 | 891 |
| | Percentage who received their first treatment appointment within 6 weeks of referral | 75.1% | 75.1% | 75.1% | 75.1% |
| | Percentage who received their first treatment appointment within 18 weeks of referral | 95.1% | 95.1% | 95.1% | 95.1% |
| 2018/19 Plan | The number of ended referrals that finish a course of treatment in the reporting period. | 996 | 996 | 996 | 996 |
| | Percentage who received their first treatment appointment within 6 weeks of referral | 75.0% | 75.0% | 75.0% | 75.0% |
| | Percentage who received their first treatment appointment within 18 weeks of referral | 95.1% | 95.1% | 95.1% | 95.1% |

CCGs are required to ensure that 75% of people referred to the Improved Access to Psychological Therapies programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. This standard applies to adults. The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2017-19.

| IAPT – Recovery Rate | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery | 446 | 446 | 446 | 446 |
| | The number of people who finish treatment having attended at least two treatment contacts, excluding those not at clinical caseness at initial assessment | 891 | 891 | 891 | 891 |
| | Percentage | 50.1% | 50.1% | 50.1% | 50.1% |
| 2018-19 Plan | The number of people who completed treatment having attended at least two treatment contacts and are moving to recovery | 498 | 498 | 498 | 498 |
| | The number of people who finish treatment having attended at least two treatment contacts, excluding those not at clinical caseness at initial assessment | 996 | 996 | 996 | 996 |
| | Percentage | 50.0% | 50.0% | 50.0% | 50.0% |

CCGs are required to ensure that at least 50% of people completing treatment are moving to recovery. The above trajectory refers to Southwark patients accessing services at all providers. The CCG is currently planning to meet this target for its patients throughout 2017-19.



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# 7: Mental Health: IAPT Access and quality standards (contd.)

NHS Southwark Clinical Commissioning Group

| IAPT – Roll-out | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | Number of people who receive psychological therapies | 1,761 | 1,761 | 1,761 | 1,762 |
| | Number of people who have depression and/or anxiety disorders | 41,930 | 41,930 | 41,930 | 41,930 |
| | Percentage | 4.2% | 4.2% | 4.2% | 4.2% |
| 2018/19 Plan | Number of people who receive psychological therapies | 1,991 | 1,991 | 1,991 | 1,992 |
| | Number of people who have depression and/or anxiety disorders | 41,930 | 41,930 | 41,930 | 41,930 |
| | Percentage | 4.7% | 4.7% | 4.7% | 4.8% |

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The above table shows the trajectory for expansion of IAPT services in line with the Mental Health Five Year Forward View so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care.

The CCG completed a procurement of IAPT services in 2015/16, with the new service model being delivered from April 2016. The new service model is designed to improve recovery rates for patients by changing service access, capacity and clinical skill mix to enable: a shorter waiting time from assessment and subsequent treatments; a higher mean number of sessions per patient; a reduced attrition rate from refining referral pathways.

Collaborative work during 2016/17 between the CCG and provider (South London and Maudsley NHS Foundation Trust) has focussed on improving the recovery rate while meeting access standards. The trajectory is for the recovery rate to be above 50% by March 2016, with this being maintained throughout subsequent years.

# 7: Mental Health: early intervention psychosis

NHS Southwark Clinical Commissioning Group

| EIP – Psychosis treated with a NICE approved care package within 2 weeks of referral | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral. | 10 | 10 | 10 | 10 |
| | Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package | 20 | 20 | 20 | 20 |
| | Percentage that start a NICE-recommended package care package in the reporting period within 2 weeks of referral. | 50.0% | 50.0% | 50.0% | 50.0% |
| 2018/19 Plan | Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended package care package in the reporting period within 2 weeks of referral. | 11 | 11 | 11 | 11 |
| | Number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start a NICE-recommended care package | 20 | 20 | 20 | 20 |
| | Percentage that start a NICE-recommended package care package in the reporting period within 2 weeks of referral. | 55.0% | 55.0% | 55.0% | 55.0% |

The above table shows the trajectory for expansion of EIP services in line with the Mental Health Five Year Forward View so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral



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# 7: Mental Health: community eating disorder teams

NHS Southwark Clinical Commissioning Group

| Children accessing eating target - routine | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral | 5 | 5 | 5 | 5 |
| | Number of CYP with a suspected ED (routine cases) that start treatment | 5 | 5 | 5 | 5 |
| | Percentage starting within 4 weeks of referral | 100.0% | 100.0% | 100.0% | 100.0% |
| 2018/19 Plan | Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral | 5 | 5 | 5 | 5 |
| | Number of CYP with a suspected ED (routine cases) that start treatment | 5 | 5 | 5 | 5 |
| | Percentage starting within 4 weeks of referral | 100.0% | 100.0% | 100.0% | 100.0% |

| Children accessing eating target - urgent | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral | 1 | 1 | 1 | 1 |
| | Number of CYP with a suspected ED (urgent cases) that start treatment | 1 | 1 | 1 | 1 |
| | Percentage starting within 4 weeks of referral | 100.0% | 100.0% | 100.0% | 100.0% |
| 2018/19 Plan | Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral | 1 | 1 | 1 | 1 |
| | Number of CYP with a suspected ED (urgent cases) that start treatment | 1 | 1 | 1 | 1 |
| | Percentage starting within 4 weeks of referral | 100.0% | 100.0% | 100.0% | 100.0% |



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CCGs are required to commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases and one week for urgent cases. The trajectories above show the CCG meeting urgent and routine case targets.

Evidence based eating disorder services are effectively provided locally and cited in the guidance. As the main provider of services in South East London, South London and Maudsley NHS Foundation Trust have developed a seven borough proposal. This includes how local community eating disorders services will be enhanced in line with new guidance to meet waiting and access standards for eating disorder services for children and young people.

We have supported further the development of the already established community-based eating disorder service, by enhancing existing provision and opening the service to self- referrals and online resources for early assessment.

# 7: Mental Health: children services

NHS Southwark Clinical Commissioning Group

| Children accessing rate – roll out | | 16/17 CCG Revised Estimate* | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 | Annual 17/18 | Q1 18/19 | Q2 18/19 | Q3 18/19 | Q4 18/19 | Annual 18/19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017-18 Plan | Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period. | 1,305 | 465 | 465 | 465 | 465 | 1,860 | 496 | 496 | 496 | 496 | 1,984 |
| | Total number of individual children and young people aged 0-18 with a diagnosable mental health condition. | 6,196 | | | | | 6,196 | | | | | 6,196 |
| | Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services. | 21.1% | | | | | 30.0% | | | | | 32.0% |

CCGs are required to ensure there are more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018. The trajectory above shows this target being met throughout 2018/19.



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# 7: Achieve the dementia access standards

NHS Southwark Clinical Commissioning Group

| Dementia diagnosis | | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2017-18 Plan | Number of People diagnosed (65+) | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 | 1,010 |
| | Estimated dementia prevalence (65+ Only (CFAS II)) | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 | 1,514 |
| | % | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% | 66.7% |
| 2018-19 Plan | Number of People diagnosed (65+) | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 | 1,026 |
| | Estimated dementia prevalence (65+ Only (CFAS II)) | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 | 1,537 |
| | % | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% | 66.8% |



A national dementia tool provides the CCG and each general practice member with a predicted number of people on registered lists estimated to have dementia. CCGs are required to maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, so that those thought to have dementia are referred for diagnosis, diagnosed, and then added to their registered practice's dementia register for on-going management and care planning.

Building on strong performance and significant investment over the previous three years, the trajectories above show this being met throughout 2017/18 and 2018/19.

The forthcoming NHS guidance on dementia will focus on post-diagnostic care and support.

# 8: Transform care for people with learning disabilities, improving community provision

NHS Southwark Clinical Commissioning Group

| Reliance on inpatient care for people with LD or Autism | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|---|---|---|---|---|---|
| 2017-18 Plan | NHS England commissioned inpatients | 59 | 55 | 52 | 48 |
| | Inpatient Rate per Million GP Registered Adult Population NHS England commissioned | 40 | 37 | 35 | 32 |
| | CCG commissioned inpatients | 37 | 36 | 34 | 32 |
| | Inpatient Rate per Million GP Registered Adult Population CCG commissioned | 25 | 24 | 23 | 22 |
| | Total No. of Inpatients with learning disabilities and/or autism (TCP level; and by TCP of origin) | 96 | 91 | 86 | 80 |
| | Total Inpatient Rate per Million GP Registered Population | 65 | 61 | 58 | 54 |
| 2018-19 Plan | NHS England commissioned inpatients | 45 | 42 | 39 | 36 |
| | Inpatient Rate per Million GP Registered Adult Population NHS England commissioned | 30 | 28 | 26 | 24 |
| | CCG commissioned inpatients | 30 | 28 | 24 | 22 |
| | Inpatient Rate per Million GP Registered Adult Population CCG commissioned | 20 | 19 | 16 | 15 |
| | Total No. of Inpatients with learning disabilities and/or autism (TCP level; and by TCP of origin) | 75 | 70 | 63 | 58 |
| | Total Inpatient Rate per Million GP Registered Population | 50 | 47 | 42 | 39 |



CCGs are required to reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.

The trajectory above shows this being delivered across South East London Transforming Care Partnership (TCP) by March 2019

# 8: Transform care for people with learning disabilities, improving community provision

NHS Southwark Clinical Commissioning Group

NHS Southwark CCG, as part of the South East London Transforming Care Partnership, will continue to work with partners to deliver NHS England's Transforming Care Programme. The partnership will jointly deliver the three programme outcomes in their sub-regional areas:

1. Reduced reliance on inpatient services (closing hospital services and strengthening support in the community)
2. Improved quality of life for people in inpatient and community settings
3. Improved quality of care for people in inpatient and community settings

The SEL Transforming Care Programme will achieve this by:

1. Minimising inappropriate admissions to inpatient services by ensuring:
   - Pre-admission Care Treatment Reviews are implemented as soon as a client becomes at risk of an admission
   - 'At Risk of Admissions Registers' are in place to identify both adults and children and young people at risk of an admission or readmission
2. Timely discharge of those patients who are clinically ready to move from an inpatient setting, achieved by ensuring:
   - Robust case management
   - Two weekly reviews and reporting of all inpatients
   - Care Treatment Reviews for all inpatients within 2 weeks of admission and monitoring of resulting action plans



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# 8: Transform care for people with learning disabilities, improving community provision.



3. Delivering against a number of work streams including:
   - Establishing commissioning arrangements to enable commissioning and planning of services for people with complex LD / autism across south east London
   - Working with local areas to develop intensive community-based support
   - Working with providers of inpatient services to improve the quality of those services, including training and support for the workforce
   - Working with health justice and criminal justice systems to ensure that their workforce has a better understanding of LD / autism and that appropriate services are commissioned for people with LD / autism who are involved with the criminal justice system.
   - Work with people with lived experience to implement the Transforming Care agenda
   - Developing a south east London wide approach to responding to multi-agency failure of health and care for people with LD.



**Improving access to health care for people with Learning Disabilities**

Significant progress has been made during 2016/17 to increase the number of people with a learning disability accessing an annual health check. Four practices are developing and piloting models to achieve a significant improvements. The learning from this, together with CCG-wide approaches and clinical engagement, will be rolled out through 2017/18.

# 9: Implement an affordable plan to improve quality

NHS Southwark Clinical Commissioning Group

CCGs have a statutory duty to deliver safe, effective services for its residents. To assure quality the CCG will continue to meet monthly with the medical and nursing directors, and senior teams at each provider to review the quality of care delivered in the services we have contracted. This will be supported by information from the programme of clinical site visits we run to improve knowledge of services, better understand patient experience and safety aspects of care, and from tracking quality alerts received from practices. The information from all areas is used to liaise with providers and achieve sustainable systemic change. The CCG also agrees quality priorities with each provider Trust via Quality Accounts.

In 2017/18 the Quality Team will work with primary care to support the reporting incidents in GP practices via The National Reporting and Learning System (NRLS). It is an established tool widely used in the NHS since 2003. The data can be shared with the CCG and analysed to identify hazards, risks and opportunities to improve the safety of patient care and can be shared to help practices across Southwark.

In 2017/18 Lambeth and Southwark CCGs and Local Authorities will undertake a review the local Infection prevention control (IPC) functions across both boroughs to provide assurance that the setting, process and governance are up to date with the changes in national policies, roles and responsibilities, as well as the evolving infectious risks. The review will make recommendations to ensure a borough specific IPC function fit for purpose and complying with the requirements of the Health & Social Care Act 2012 and providing assurance to local authorities that their residents are safe from infectious risks. The review will consider IPC from prevention prevention to reactive response across the life course.



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# 9: Implement an affordable plan to improve quality

NHS Southwark Clinical Commissioning Group

A Directors of Quality Group has been established across SE London CCGs. This group will support joint working around quality issues, opportunities for shared learning and benchmarking across the sector.

The CCG quality team in partnership with each of the head of service has developed a quality work plan which is jointly owned by each of the directorates within the CCG. The quality work plan is the vehicle where heads of service identified quality issues, primary care and provider quality themes and quality alerts themes are captured and monitored. The Quality team will also be focussing more specifically on surfacing, with providers, the quality of the patient experience and using learning to make improvements. Oversight of the work plan is provided by the CCG's Quality and Safety Sub-Committee which is chaired by the Governing body Lead for quality.

The CCG has reviewed its approach to quality in partnership with the CCG Governing Body and agreed to adopt a system-wide learning approach. This will ensure that learning from incidents and quality alerts is shared more widely than single organisations to include a wider look at events leading up to incidents occurring in other parts of the health or social care system. The focus of the monthly CCG Quality & Safety Sub-Committee will rotate around system wide learning, quality improvement and quality assurance.

A thematic review has been completed of all the CQC Primary Care inspection reports in the borough and identified areas of good practice as well as areas of development which can be shared. In 2017/18 this thematic analysis will be used to support the improvement of quality across general practice.

The Quality team is developing a learning resource for primary care which provides resources to support improvement in each area of the thematic review.



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Agenda Item 8

# TRIGGER TEMPLATE

| NHS Trust or body & lead officer contacts: | Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts: |
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| Current GP practices:<br><br>1. Nexus Health Group<br><br>2. Surrey Docks Health Centre,<br><br>Lead contacts:<br><br>Dr Patrick Holden,<br>GP Partner, Surrey Docks Health Centre<br>Patrick.holden@nhs.net<br><br>Dr Amr Zeineldine,<br>Executive Chair, Nexus Health Group<br>Amr.zeineldine@nhs.net | **NHS England (London).** Jill Webb, Head of Primary Care. Email: jill.webb3@nhs.net<br><br>**NHS Southwark Clinical Commissioning Group (CCG)**. Andrew Bland. Chief Officer. Email: andrewbland@nhs.net<br><br>NHS England and NHS Southwark CCG entered joint commissioning arrangements for primary care on 1 April 2015 and have a joint responsibility for decision making relating to the commissioning of general practice services. The statutory responsibility remains with NHS England, the contract holder for the current and future (proposed) contracts.<br><br>From 1 April 2017, the CCG will have delegated responsibility from NHS England for decision making relating to the commissioning of general practice services. |

| Trigger | Please comment as applicable |
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| **1 Reasons for the change & scale of change** | |
| What change is being proposed? | The partners of Nexus Health Group and Dr Holden and Marrinan based at Surrey Docks Health Centre (SHDC) are proposing to merge into one partnership from 1 July 2017. The merger will result in Dr Holden and Dr Marrinan becoming partners of Nexus Health Group. This follows a review of the benefits of such a merger and an assessment of the strategic fit with NHS system transformation.<br><br>The merger will result in a combined list size of approximately 68,000 patients. The partnership will hold one PMS contract for the delivery of primary care services across all existing sites. |
| Why is this being proposed? | Both organisations are approaching the merger for different reasons. Nexus Health Group is committed to the delivery of general practice at scale to support quality improvement and sustainability of general practice and was formed in August 2016, following the merger of 4 individual partnerships in Southwark. Services are currently delivered to over 58,000 patients across seven sites. |

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| | The original business case, for the merger of the 4 partnerships, outlined how Nexus Health Group, once formed, would look for opportunities of growth to further support of primary care transformation and the sustainability of general practice for north Southwark. The merger with SDHC supports this ambition.<br><br>In recent years SDHC has reduced from 5 to 2 partners, because of relocation of partners outside London or to other medical areas. The current salaried doctors do not wish to take on partnership roles or the running of the practice. This has led to the current partners of SDHC, Dr Holden and Dr Marrinan wanting to merge with Nexus Health Group to support the sustainability of general practice for the patients of SDHC.<br><br>The merger of both partnerships supports the delivery of primary care at scale centred around geographically aligned populations. Both practices deliver primary care services in the same well-defined geographical area within north Southwark (Bermondsey & Rotherhithe and Borough & Walworth localities). |
| What stage is the proposal at and what is the planned timescale for the change(s)? | Both practices have completed business due diligence and are in the process of drafting a business case for approval by NHS England and the CCG. It is proposed that the business case will be considered by the Primary Care Joint Committee on 30 March 2017.<br>It is proposed that the merger will take place from 1 July 2017. |
| What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent. | The approximate combined value for the two existing partnerships is £8.25 million.<br><br>The merged patient list will be contracted under a PMS contract. As the SDHC partnership currently holds a GMS contract the price per patient will increase to be in line with the PMS contract value. This is approximately a total of £200,000 per year.<br><br>This is in line with the CCG's commissioning intention to offer all practices in Southwark the ability to earn the PMS contract premium funding. |
| How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done. | The 4 individual partnerships which formed Nexus Health Group in August 2016 completed significant patient and stakeholder engagement and consultation.<br><br>The business case also outlined how Nexus Health Group would look for opportunities of growth to further support the delivery of primary care transformation and the sustainability of general practice for north Southwark. The merger with SDHC supports this ambition. Nexus Health Group will engage and consult with their patient participation groups around the merger with Surrey Docks Health Centre to seek patients views.<br><br>Both partnerships will develop a more focused patient |

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| | engagement plan for the patients of Surrey Docks Health Centre which will be in place before, during and after the merger. The patient engagement plan will include:<br><br>- Consulting and discussing the merger with the Chair of the PPG to plan the engagement process and to develop a focus group to design the key messages for patients.<br><br>- Using a variety of methods to consult with patients such as posters, web sites, flyers, texts, messages on prescriptions, emails, open meetings and surveys.<br><br>- Proactively seeking views of patients who may traditionally be underrepresented by PPG (e.g. parents, those with serious mental health problems, housebound, young adults, patients whose first language is not English and the elderly).<br><br>- Consulting and attending local community forums (eg Canada Water forum, Community council, Time and Talents, dockland settlement).<br><br>The SDHC Partners have consulted patients regarding a previous merger which did not progress and feedback from patients was positive with the understanding that a merger will support the sustainability of the practice.<br><br>The partnerships will also consult with local stakeholders including:<br>i. Local voluntary and other citizen forums<br>ii. Southwark Health Watch<br>iii. Local ward councillors<br>iv. Local acute and community care providers (KCH and GSTT) and SLAM<br>v. Out of hours services and 111<br>vi. LMCs in both Southwark & Lambeth<br>vii. Local GP practices and GP federations<br>viii. Local faith and community group<br>ix. Local Medical Committees in both Southwark and Lambeth<br>x. Local MPs |
| **2 Are changes proposed to the accessibility to services? Briefly describe:** | |
| Changes in opening times for a service | There will be no reduction in current opening times. |
| Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location | None |
| Relocating an existing service | No service will have to relocate as a result of the merger. |

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| Changing methods of accessing a service such as the appointment system etc. | Initially there are no proposals to change the way patients access the practices. Nexus are reviewing and designing a consistent access model for all patients across the organisation. The merged partnership will work towards the delivery of the London Strategic Commissioning Framework to deliver accessible primary care services by providing one-click/one-contact access for same day telephone triage, utilising integrated IT and telephony as outlined in their business case. |
| Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done? | Current access to these groups will be maintained as there will be no reduction of current services offered. |
| **3 What patients will be affected? (please provide numerical data)** | **Briefly describe:** |
| Changes that affect a local or the whole population, or a particular area in the borough. | The registered patients of:<br>• Surrey Docks Health Centre, Blondin Way, SE16 6AE<br>• Nexus Health Group:<br>  • Aylesbury Medical Centre, SE17 2XE<br>  • Dun Cow Surgery, SE1 5LU<br>  • Commercial Way Surgery, SE15 6DB<br>  • Decima Street Surgery, SE1 4QX<br>  • Artesian Health Centre, SE1 3GF<br>  • Princess Street Group Practice, SE1 6JP<br>  • Manor Place Surgery, SE17 3BD<br>Both partnerships deliver general practice services in the same well-defined geographical area within north Southwark (Bermondsey & Rotherhithe and Borough & Walworth localities). |
| Changes that affect a group of patients accessing a specialised service | None |
| Changes that affect particular communities or groups | None |
| **4 Are changes proposed to the methods of service delivery? Briefly describe:** | |
| Moving a service into a community setting rather than being hospital based or vice versa | N/A |

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| Delivering care using new technology | The practice's business case includes an ambition to implement new methods of consulting, including but not limited to e-mail and video consultations (e.g. Skype) and increased use of telephone. |
| Reorganising services at a strategic level | The merger of both partnerships will support the delivery of Southwark's Primary and Community Care Strategy and Five Year Forward View by:<br><br>- Improving quality of primary care services and reducing variation across practices<br>- Delivering services to a geographical aligned populations<br>- Supporting the delivery of new models of care |
| Is this subject to a procurement exercise that could lead to commissioning outside of the NHS? | No. |
| **5 What impact is foreseeable on the wider community?** | **Briefly describe:** |
| Impact on other services (e.g. children's / adult social care) | No impact – the merger will support the development of new models of care. The large registered list will support Nexus to be well placed for working towards integrated care with other acute, community and social care providers. |
| What is the potential impact on the financial sustainability of other providers and the wider health and social care system? | None – the proposal supports the sustainability of general practice in Southwark. |
| **6 What are the planed timetables & timescales and how far has the proposal progressed ?** | **Briefly describe:** |
| What is the planned timetable for the decision making | The practice's business case will be reviewed and considered for approval in public by the Primary Care Joint Committee on 30 March 2017. |
| What stage is the proposal at? | The practices have completed internal due diligence and are developing a business case for approval by the Primary Care Joint Committee. |
| What is the planned timescale for the change(s) | 4 months – It is proposed the merger will take place from 1 July 2017. |
| **7 Substantial variation/development** | **Briefly explain** |
| Do you consider the change a substantial variation / development? | No |
| Have you contacted any other local authority OSCs about this proposal? | No |

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**HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE**
**MUNICIPAL YEAR 2016-17**

**AGENDA DISTRIBUTION LIST (OPEN)**

**NOTE:** Original held by Scrutiny Team; all amendments/queries to Julie Timbrell Tel: 020 7525 0514

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| Councillor David Noakes (Vice-Chair) | 1 | Andrew Bland, Chief Officer, Southwark CCG | 1 |
| Councillor Ann Kirby | 1 | Malcolm Hines, Southwark CCG | 1 |
| Councillor Sunny Lambe | 1 | Jin Lim , Director of Public Health (acting) | 1 |
| Councillor Maria Linforth-Hall | 1 | Jay Stickland , Director Adult Social Care | 1 |
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| Jackie Parrott Guy's & St Thomas' NHS FT | 1 | **External** | |
| Lord Kerslake, Chair, KCH Hospital NHS Trust | 1 | Tom White, Southwark Pensioners' Action Group | 1 |
| Emma Saunders, Senior Strategy Manager, GSTT | 1 | Aarti Gandesha Healthwatch Southwark | 1 |
| Sarah Willoughby, Head of Stakeholder Relations King's College Hospital KCH FT | 1 | Elizabeth Rylance-Watson | 1 |
| **<u>Electronic agenda (no hard copy)</u>** | | **Total:37** | |
| **Reserves** | | **Dated: February 2017** | |
| Councillor Jasmine Ali | | | |
| Councillor Gavin Edwards | | | |
| Councillor Tom Flynn | | | |
| Councillor Eliza Mann | | | |
| Councillor Leo Pollack | | | |